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SECRETARY OF STATE

J. BRYAN.

MAR 3 1 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ORLANDO ROUTAL (Name of Limited	STORE, LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	
MARKC. KALEY (Contact Person)	OS MAR 30 PH 2: 16 SECRETARY OF STATE FALLAHASSEE, FLORIC
BIG APPLE (ONSULTING US (Firm/Company)	A Troc
2101 WEST STATE ROAD L	134 PRE 6
LONGWOOD FL 3277 (City/State and Zip Code)	-9
For further information concerning this matter,	please call:
(Name of Contact Person) at	(407) 884 - OYUY (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lin	-			s of the Florid	
of State is:O	2LANDO 1	CONTAC:	STORE, LLC		SECT M
2. This limited liabilit	y company was	organized unde	er the laws of:		HAR 30 CRETARY
FLORIDA		·			P. P.
3. The Florida docume	_	number of this	limited liability con	npany is:	PH 2: 16 FE. FLORIDA
<u> </u>	7 1031	·			
4. I, PETER (Print Name	VOIGT e of Person Resign	ing)	hereby resign as a	MAN AG	Title)
of this limited liabili resignation in writin		l affirm the limi	ted liability compa	ny has been n	otified of my
Signature of Resign	ing Member, M	anaging Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Requir				
comine copj.	\$20.00 (Option	<del></del> -)			